

Queen's Institute of District Nursing

Outline of District Nursing Technique for Queen's Nurses

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QUEEN'S INSTITUTE OF DISTRICT NURSING

OUTLINE OF TECHNIQUE FOR QUEEN'S NURSES

The Queen's Nurse must endeavour to maintain the principles of hygiene, asepsis and general well being of her patients as taught in hospital. Her duties are both nursing and preventive and the scope of her responsibilities is wider than when working in an institution. They include general supervision of the health of the patient and of the other members of the household. The sick room must be kept in "nursing order", which means attention to ventilation, neatness, cleanliness, comfort and as much cheerfulness as circumstances permit.

The visits of a nurse should be educational by example in appearance, economical and methodical work, care in handling of dressings both clean and dirty, clearing away soiled linen and dirty water and by seizing every opportunity of giving sensible practical advice in matters that concern the health of the body and mind. She should be observant of everyone she meets during her rounds so that no ailment, threatened illnesses, or need passes unnoticed or without sympathetic attention and interest in the many contacts she will make.

In order that a uniform standard of work may be carried out by all the nurses the Queen's Institute has adopted the following procedures to be followed with any necessary adaptation in special circumstances.

DISTRICT ROUTINE

Procedure in All Cases

1. Take off coat, folding inside in, also sleeves and cuffs and leave when possible outside patient's room. Turn apron down.
2. Take into room bag, kettle of boiling water, and slop pail and clean linen if necessary.
3. Place newspaper (a) on table for bag; (b) on bedside table or chair for washing bowl; (c) under slop pail; (d) 2 pieces on floor, 1 for soiled linen, 1 for mouth pieces, swabs, etc.
4. Open bag. Wash and dry hands. Take everything required out of bag and place on paper. Close bag and do not open again until case is finished. If additional equipment from it is required hands should be washed before taking it out.

5. Take temperature and pulse if necessary and record them on message paper twice daily in acute cases, at least weekly in chronic cases, and always at first visit to any new patient. Rinse thermometer over bucket and place covered in lotion until end of visit.

TECHNIQUE TO BE EMPLOYED IN VARIOUS TYPES OF CASES

General Nursing

The nursing attention given should be complete, in addition to which the nurse is responsible for the care of the room and general nursing order. The condition of the house should not escape observation and an improvement whenever needed should be attempted with tact and without hurry. The nurse must see that the patient's head and hair are kept clean and nails attended to at each visit as required. Patient's friends should be taught to prepare hot water, bowl, slop pail and newspaper. In some instances the patient may be alone and the nurse will then have to heat the water—this should be attended to on arrival as the fire may need mending or the oil or primus stove lighting. The patient's soap, washing flannels, towels, methylated spirit, powder, etc., should all be kept together and so marked that no other member of the family will be likely to use them.

1. Bring to the bedside : Washing water and soap (protect table or chair with newspaper) ; 2 flannels, 2 towels ; Surgical spirit and powder ; Tooth brush and mug of mouth wash ; Tin of mouth swabs and spatula if necessary ; Hair brush and comb.
2. Close window and door if necessary.
3. Remove top clothing of bed and fold over chair at foot of bed, leaving patient covered with one or two blankets. Remove nightdress and place this and top sheet by fire.
4. Place face towel round neck and back towel under head to protect pillow. Wash patient with hot water and rinse off soap. Pay special attention to axillae and groins, exposing patient as little as possible by making bed as "catheter bed."
5. Replace nightdress. Turn on side and wash and dry hip and back, rubbing well all pressure points with soaped hand and applying spirit and powder, or ointment. Roll up draw sheet and also bottom sheet. Shake mattress and remove crumbs with towel. Turn patient to other side and wash and treat other hip. Remove rolled sheets and shake over bucket and if clean replace.
6. Arrange patient comfortably and make up bed.

7. Arrange towel round patient and give use of toothbrush followed by mouth wash (if swabbing of mouth is necessary wash hands first), attend to finger nails. Protect pillow with towel; brush and comb hair. It is comfortable for the patient and convenient for the nurse if a friend will help with these duties and it moreover gives the nurse the opportunity to teach how to move and lift the patient during her absence. Teach to lift and turn by free use of draw sheet.
8. Clear up: empty water, put nursing articles neatly together. Leave room tidy, open window. Remove soiled linen and pail if necessary.
9. Open bag—wash hands—replace all articles in bag, recover thermometer, wiping with instrument towel, and close bag. Write report for Doctor. Fold newspaper and put ready for next visit.
10. Instruct relative as to diet and care of patient until next visit.

A second evening visit to an acute, helpless, incontinent or bed sore case should include full toilet, care of back, cleansing of mouth, combing hair and making the bed comfortable. Two sets of clothing and bed linen changed morning and evening make for comfort and good nursing, and where necessary additional clothing and nursing appliances should be lent by Nursing Association. To attend to the mouth when the patient is too ill to clean teeth or where there are sores—cotton wool carefully wrapped on to a wooden spatula or skewer is best as it can be removed with paper and then burnt. Bicarbonate of soda or glycerine and borax may be used, or any kind of suitable mouth wash. This part of the nurse's duty is very important and when necessary should be frequently carried out between her visits.

The nurse must use her judgment as to how frequently she should visit. As a general rule acute cases need two visits daily (occasionally more), also patients who have profusely discharging wounds, are running temperatures, or are visited for observation, and a chart is required. Sunday visits are paid when necessary, but usually only to acute cases, midwifery patients, and others who are entirely dependent upon the nurse.

In leaving a patient, particularly if there is no one in regular attendance, the nurse must not forget to leave the bed table with all that may be needed within reach.

Surgical Dressings

These may require one or two visits daily according to the type of case. Where the patient is ill, general nursing must be given as well as the treatment to the surgical condition.

The temperature should be taken in every instance at the first visit and subsequently at every visit where it is raised until it is normal and unless the case is chronic.

All dressings, ointments, lotions, etc., should be kept together in a box or drawer, together with saucepan, old cake tin, enamel mug or other suitable receptacle in which instruments and swabs can be boiled. A nurse can keep a suitable reserve sterilizer in loan cupboard. Cold boiled water should be kept in a bottle which has previously either been boiled or has had disinfectant standing in it. Dry dressings should be sterilised in moderate oven from 45 to 60 minutes, in a tin lined with clean white rag whenever possible. The lid should be ajar while baking and closed in taking tin out of oven. A nurse in the country will find it a saving of time to prepare packets of varied sizes, pack them in a tin and sterilize in her own oven at moderate heat for one hour. These can be sold to patients quite cheaply or exchanged for those supplied by Health Insurance prescriptions or Public Assistance Officers. There will be facilities in most town districts for carrying out methods of surgical cleanliness at which the nurse must aim just as much in the home as in hospital. Instruments including two pairs of forceps must be sterilised before and after use. Dressing towels or clean rag are required for lining off wound. The nurse must take special care not to let her fingers come in contact with infection. Dressings must always be removed with forceps (afterwards regarded as "dirty") and wounds should be cleansed with sterilized swabs held in forceps (kept sterile for the remainder of the dressing), so that there is no likelihood of carrying infection by infected hands or instruments from one patient to another. This is particularly important in district nursing in view of the varied types of cases that may be attended at the same time. When a specially "dirty" dressing is being visited, a separate apron should be kept at the house and special instruments should be used, none of which should be returned to the bag.

DRESSINGS

Articles Required

A basin for hands, bowl each for swabs and lotion, a saucepan (with lid) big enough for water to cover articles to be boiled.

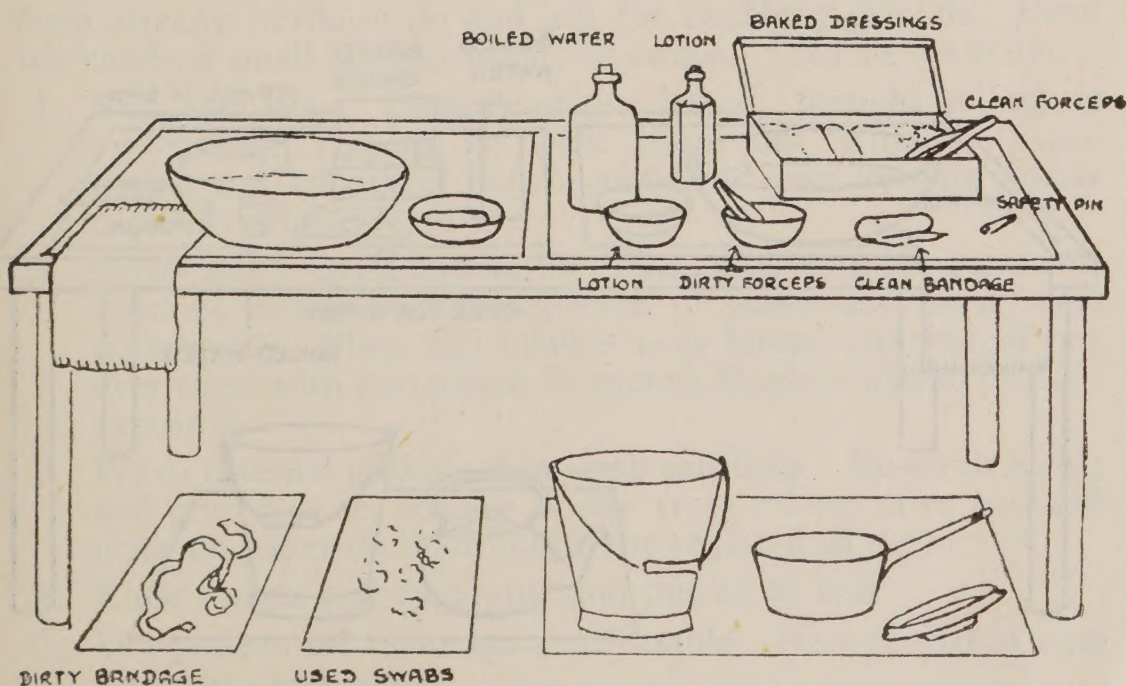
Tin of Dressings cut into suitable sizes and sterilized as above; dressing towels which should completely line off the area to be dressed; bottle of cold boiled water; kettle of boiling water; slop pail.

Newspaper : on table for bag; on table or chair for dressings required; on floor for soiled dressings; on floor for soiled bandages; on floor for slop pail and saucepan.

Procedure

1. Follow bag technique as set out under "District Routine."

2. Prepare Patient. Take T.P.R. (where necessary). Remove bandages and roll up—wash under bandage and comb hair as required. Place dressing towel in position.
 3. Bring in Saucepan. Pour off some hot water and pick out bowl without contaminating inside. Prepare lotion, open dressing tin.
 4. Scrub up. Remove forceps from pan and place in bowl. Keep one pair for clean work and the other for dirty. Remove swabs from dressing tin to bowl with clean forceps and place clean forceps on top of dressings in tin. With second pair remove dirty dressings and swab wound and surrounding area, putting dirty swabs on paper on floor and dirty forceps after final use on paper on table. Apply clean dressing to wound with clean forceps from lid. Apply bandage.
 5. Roll up dirty swabs to burn. Rinse bowl and instruments and put on to boil for five minutes again covered. Tidy room. Do not use bowl or dish from bag if patient can provide a suitable substitute. It is better for each patient to have his own.
 6. Bring in saucepan—open bag—wash and dry hands. Dry instruments, etc., with instrument towel and replace in bag. Empty water. Write report.
- N.B.—All dressings to be applied to open wound must be baked in special tin. Extra wool for outer packing or roll of wool for stock must be carefully wrapped in a clean towel or rag, and fastened. Hot fomentations must be boiled in wringer in the saucepan and applied covered with protective covering (e.g., Jaconet) and wool.



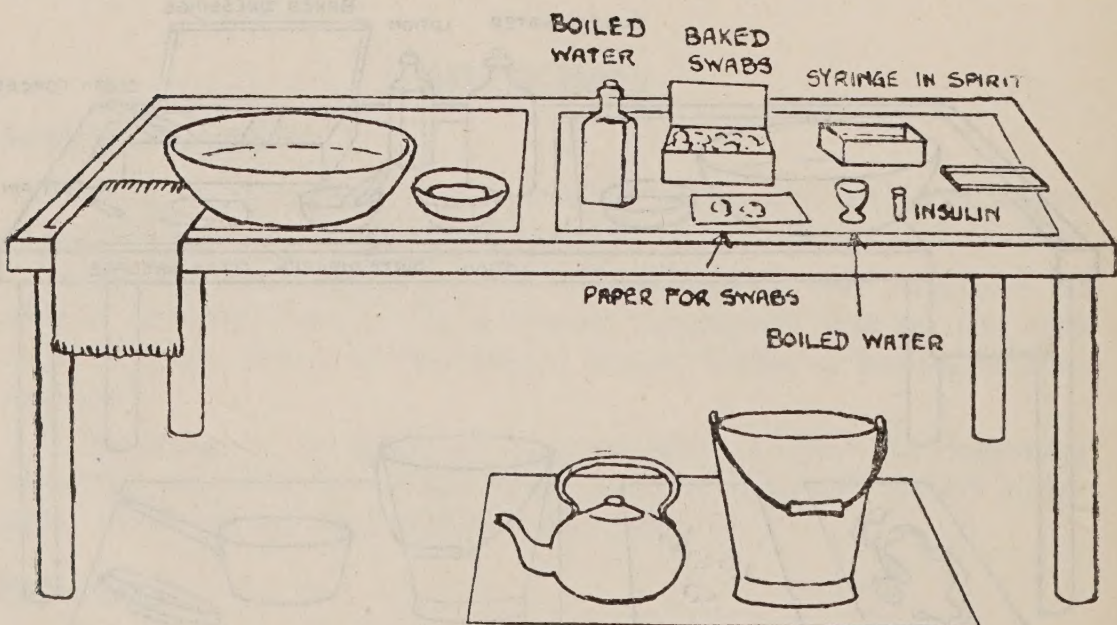
INJECTION OF INSULIN

Routine Required

Hypodermic syringe kept covered in spirit in jar with close fitting lid, plus two needles, one for bottle (which will become too blunted to inject with) and one for patient. Tin box with small baked swabs. Small pot or egg cup to rinse syringe in. (All to be kept together in box). Bottle of boiled water. Bottle of methylated spirit for stock. Insulin. Basin and soap and towel for hands. Slop pail and kettle of boiling water. Newspaper under pail; small piece on table for swabs.

Method

Place papers on table for articles, a piece for swabs on floor and for pail. Test urine if required to do so. Arrange articles on table, remove lids. Pour boiling water in egg cup or clean with spirit, then put in cold boiled water. Pour water in wash basin. Wash hands. Swab top of insulin phial with spirit from jar. Take out syringe and syringe boiled water through patient's needle and lay it on clean swab. Then syringe blunter needle and after injecting air into insulin bottle, draw up required dose. Now put on patient's needle. Swab skin with spirit and inject dose. Syringe water and then spirit through needle and replace in jar. Replace all in box. Burn swabs. Report dose in writing on message paper. Leave room tidy. See that meal is either ready or in preparation.



Douche

The nurse must bear in mind that the procedure adopted for this treatment depends upon the condition for which it is ordered. Usually it is for one of three reasons—a pessary to be cleansed, vaginal discharges, or inflammation accompanied with pain and often a rise of temperature.

1. A pessary needs to be cleansed somewhat rapidly. The douche should therefore be given quickly, but without undue pressure, and the patient should be in a semi-sitting rather than recumbent position to ensure an immediate return of the douche.
2. Where there is discharge, a quart of lotion should be used and be at a temperature of at least 105° and given fairly quickly to ensure thorough irrigation.
3. For pain and inflammation six pints of lotion is not too much. The bedroom jug, duly disinfected, will probably be the best receptacle in which to make the lotion. It should be given at a temperature of 105° raised gradually to 115° and should take 15 or 20 minutes to give, thus introducing heat for as long a period as possible. The patient's hips should be raised upon a pillow, in order to prevent scalding, the surrounding parts should be well oiled before treatment.

DOUCHING

Routine Required

Douche apparatus and glass nozzle. Boil swabs or provide them already sterile in tin and one for swabbing genitals. Bowl for hands, a small bowl or basin for swabs. Cold sterile water.

1. Boil the basin, swabs (unless baked, though boiling is preferable), forceps to pick them out with and also nozzle and apparatus before and after use, keeping nozzle carefully when not in use.
2. Scrub and prepare apparatus. Test lotion with thermometer. Arrange patient with mackintosh or paper and draw sheet underneath. Place one blanket over knees, and second one over chest with two towels to protect blankets and to prevent exposure.
3. Wash external genitals then swab carefully. Re-scrub hands and give douche, remove nozzle from tubing after use and place on paper on floor (not to be replaced in jug).
4. Rinse nozzle and apparatus and put on to boil.
5. Dry patient and make her comfortable. Note special or new symptoms and report.

6. If using patient's own douche can, keep it wrapped in clean towel between visits. Use only glass nozzles, not rubber or vulcanite.

Ear Cases

Always bear in mind that treatment to an ear may cause giddiness and the patient should therefore be seated and a towel tucked round neck. Prepare table with paper, hand basin, wooden applicator on which wool is to be twisted, lotion or drops as ordered. If the ear is to be swabbed the wool should be sterile and dry. Matchsticks with wool dressing make good applicators. If drops are to be instilled the pipette should be boiled as also should the syringe if syringing is ordered. Having prepared lotion and scrubbed hands the ear is gently swabbed with wool on applicator, syringed slowly with lotion at a temperature of 100° to 105° . See that the lotion is made to return thoroughly, and dry very carefully. Drops should be warmed before insertion.

Re-sterilize apparatus and conclude visit as for surgical dressing.

Communicable Diseases

These may form quite a large part of a district nurse's work if she is not undertaking maternity cases. Separate equipment must be provided and the nurse must follow careful technique throughout in order to localise infection.

Required. Overall, handkerchief cap, mask (for necessary types of cases), soap, towel, nail brush, scissors, forceps, thermometer, disinfectant, cotton wool, rag, message papers, chart carried in a washable bag.

The coat and hat should be taken off outside the patient's room and the overall, mask and cap put on. Taking the equipment into the room the nurse should proceed as for a general nursing case, taking special care to cleanse the eyes and mouth of patients suffering from measles. All soiled linen should be received into a bowl of disinfectant solution ready prepared and dirty swabs burnt immediately. On completing the case the nurse should remove her overall and cap and leave them neatly folded in the equipment bag in a safe place at the house.

When the patient is taken off the books the equipment, overall and cap must be thoroughly disinfected, and the message paper can be ironed.

(See technique for use of masks on page 13).

MIDWIFERY AND MATERNITY CASES

An Ante-Natal Visit

Unless a midwife has attended the patient before she must aim at gaining her confidence from the beginning of ante-natal care. This will probably be largely achieved by being a sympathetic listener to what she has to say. In the meanwhile the nurse should be observant of the patient's appearance, colour, vitality, mentality and home conditions.

The first visit should include very little physical examination. As soon as possible the midwife should satisfy herself that the measurements of the pelvis and that the position of the **foetus** are normal. In areas where a routine medical examination is available either at home or at a clinic the midwife should ensure that this is carried out. Urine must be examined at monthly intervals until the last two months and then at least fortnightly. Primiparae need more frequent visits and urine testing.

Visits to the home should be in addition to any attendances the patient may make at a clinic and the number will necessarily vary according to the provision of such facilities, regularity of attendance and whether the midwife has also been able to meet the patient there. As a general rule, however, the above ideal routine or procedure should be kept in mind.

These cases are visited within four or five hours of delivery unless the birth occurs during the late evening when the visit should be the first on the following day, then twice daily for three or four days and once daily for the remainder of the 14 days' attendance. Patients who are progressing normally and who have no stitches are allowed to wash themselves under supervision after the first two days. Primiparae may need help for longer and when there are stitches it should be given until they are out. The midwife should give a blanket bath as soon after delivery as the patient's condition allows and should see to it that the patient thoroughly washes herself daily and that her hair is combed. The bottom sheet should be removed and replaced as part of the daily toilet. The midwife should use every opportunity of teaching the mother about the care of the infant and of her own health and during the last two days or so should see that she is familiar with the best way of bathing and handling the infant, especially in the case of a primipara.

Routine

Remove coat, hat and sleeves in outer room. Take bag, kettle and clean clothes to bedroom. Spread newspaper for bag and kettle, under bed for soiled pads and swabs, and on chair. Put on overall, cap and mask. Mask is made of four or six folds of

gauze with a square of blotting paper or cotton wool inserted between the folds. Open bag, wash hands—take out necessary articles—close bag. Take temperature (in mouth) and pulse. (Wash the thermometer and stand in jar of antiseptic lotion. This jar should have a wool swab at the bottom and be covered and placed in a safe place). Record these. Strip bed leaving two blankets over patient. Remove binder and pad—give bedpan, which should be scrupulously clean.

Prepare the following :—Place by the fire clean bottom and draw sheet, binder and pad folded in napkin.

On washstand :—Bowl for Nurse's hands.

On chair beside patient :—Large bowl of Dettol or other suitable solution (1 teaspoonful to a pint) for two large baked swabs for the soap and water wash. Small bowl of Dettol or other solution (1 tablespoonful to a pint of boiled water) for small baked swabs for vulva. Jug with Dettol or other solution (1 tablespoonful to a pint) temperature 105° now.

Conveniently near :—Opened tin of baked wool, large and small swabs. If more convenient swabs can be boiled during the time nurse is making her preparations, e.g., ten minutes. Take patient off bedpan, rinse it and replace. Arrange folded blanket on upper and lower part of patient. Arrange napkin and a towel to protect upper and lower blankets. Scrub up. Swab labia, inner and outer, from small bowl. Irrigate from the jug. Give soap and water wash of groins, abdomen and thighs, with large swab from large bowl. Dry with napkin (changed daily).

Alternative method taught in some training schools. Give soap and water wash from waist to knees with swab from large bowl. Irrigate labia with lotion from jug. Scrub up and swab both inner and outer labia from small bowl. Remove bedpan with left hand and turn patient. Give soap and water wash to buttocks and back, and dry with the napkin. (If there are stitches—when patient is turned—scrub up again and swab perineum, applying iodine, for three days and spirit after, but no dressing, finishing with soap and water wash). Apply the ironed or baked pad, with covering napkin, pin to binder or belt. (Sterilised maternity outfits now obtainable in most places). Put in draw or bottom sheet. Measure fundus and pin front of binder or belt. Prepare things for washing patient. Wash patient for first three or four days or as long as necessary, carefully observing breasts (apply lanoline if necessary). Replace nightdress and jacket. Put clean napkin over breasts and support if necessary. Make up bed. Attend to teeth and hair. Wash and scrub hands.

At Delivery

Clean overall and cap to be used and kept for nursing afterwards. A clean mask to be used and as many more as may be needed for delivery and one at each nursing visit. Boiled rubber gloves to be used for vaginal examinations and delivery.

TO BATH BABY

Arrange clean clothes and towel by fire. Two chairs facing. Nurse should sit in a good light. Newspaper on one chair and a piece either side for swabs and clothing. Hot water on one side, cold on the other side. Pail quarter filled water in which to put soiled napkins. Small chamber or basin.

Conveniently near :—Open tin of swabs and cord dressings. (Squares cut up one side). Small bowl of plain boiled water. Zinc and starch powder. Needle and cotton. Cotton wool for cleaning buttocks. Bath of warm water, cold in first. Basin for Nurse's hands if possible.

Wash hands before lifting baby. Place baby on warm towel on knee, head not too near a fire. Remove frock. Enfold baby in towel, except for head. Wash nurse's hands in hand bowl if possible, otherwise in baby's bath. Put clean towel round baby's shoulders. Clean eyes with baked swabs in boiled water. Clean nose, if necessary, in unboiled water. Look in mouth. Wash face with baked swab in boiled water, avoiding eyes, and dry, wash, rinse and dry head over bowl. Undress baby. Test water (temperature 100°) with thermometer or hands. Cleanse buttocks. Soap baby and limbs and place in bath. Lift gently out and dry front of body completely. Place dry towel on knee and then turn and dry back, apply vaseline or lanoline if necessary. While still on face arrange clothing : short binder with protective corner of napkin tucked in. Napkin lined with piece of rag and covering napkin. Vest and flannel. Turn baby over with towel, which remove. Dry cord with baked swab, and apply cord dressing. Sew binder at side, loose enough to allow two fingers inside. Hold infant out when warmly clad. Fasten up clothing and put frock on from feet upwards. Do baby's hair. Give to Mother to feed, or place in cot. Fill up jug with boiled water and cover with folded napkin and saucer. Remove bundles of soiled clothing, swabs and pail. Tidy up room. Wash hands. Recover thermometer, wipe with clean swab. Write report.

MASKS

The following technique should be carried out : masks should be of a simple pattern made of gauze or muslin, sixfold, medicated toilet paper or its equivalent introduced between folds to be effective.

They should be deep enough to cover the nose and chin. They must be thoroughly sterilised and carried on the district in small tins or sterile wrapping.

They should be changed frequently or they may become a danger instead of a protection to the patient.

When it has been necessary to loosen or remove a mask while the midwife or pupil is in attendance on a patient, it must be immediately placed in disinfectant and a fresh one substituted.

When used during the nursing period, a separate mask must be used for each patient and after use wrung out in disinfectant, wrapped in oil-paper covering, or put into a tin carried for the purpose, and carried home in separate bag or outside pocket of bag.

On returning to nurse's home, all masks must be placed in disinfectant at once and re-sterilised before further use.

CLERICAL WORK

Hospital training does not include very much experience in clerical duties, since in most cases all the particulars of patients, apart from the clinical reports, are taken in administrative departments. When a nurse becomes a district nurse matters are very different, and this addition to her duties requires a good deal of teaching and subsequent experience, before she is proficient in providing for her Superintendent, Committee, Local Authority, and lastly the general public, a "picture in figures" of what she is accomplishing. Since her work is so largely carried out in the privacy of the homes of the people much importance must be attached to such figures, particularly as many of them are related to public money received by the Association by way of grants from Local Authorities, payments by Approved and Insurance Societies and other bodies. There must also be a correct record kept of every case attended, including dates of entry and finish of care, particulars of treatment, home conditions, visits paid, membership of contributory or other scheme for nursing relief, etc., etc.

Daily. Entries in Case Book should be made and be completely filled in, including christian name of patient, name of Approved Society and membership number, sources of income and relief obtained, and completed cases should be taken off the book promptly and visits accurately recorded.

Time Book should be entered daily and visits analysed under appropriate headings for reference purposes and correctly added to a total. Visits to clinics, etc., off duty time entered under heading of "Remarks." The total weekly average of hours on duty on week-days and Sundays should be filled in.

The average weekly hours on duty can be arrived at by adding together a total of the first 28 working days of the month, including half days off, and dividing by four.

Visits Book should be filled in daily and added up monthly, patients taken off promptly, and on the first day of each month names of all cases being nursed should be transferred to a new page with the number of visits already paid.

Loan Book. Every article should be entered before it goes out and marked off when returned.

Monthly. Report to Inspector or County Superintendent should reach her by the third of each month. This should be accurately compiled. Bring forward and check the correct number from the previous month, analyse new cases. See that the addition is correct and all questions are answered. Specimen form is seen on page 18. A simpler form is provided where general nursing only is undertaken.

Quarterly. Approved Society vouchers should be compiled quarterly. The nurse should keep a record of all vouchers sent in with dates and number of visits.

She must read the rules that govern payment for these patients and not include more visits than the Society has promised to pay for (further permission is given in some cases but must be obtained in writing). When a case is carried over from one quarter the dates must not overlap. This may occur when there is delay in receiving a new voucher. The signature (full names) of the patients must be obtained on vouchers that ask for this. The voucher must not be put away and forgotten till it is too late to send on as this represents money to the Committee. The full name on the vouchers must be signed and not merely initials. When sending them in, a summary of what is being sent should accompany the vouchers, giving total number of visits for each Society.

Central Bureau for Insurance Nursing. (Mutual Property, Life and General Insurance Co. and Legal and General Assurance Society). Fill in all the particulars required on the form which authorizes a limited number of visits. If more visits are paid a further claim must be made.

Local Authorities' Reports. Give names (in full) of patients, age and disease, treatment, number of visits, date of ceasing to visit. Be sure to include in this report all types of cases for which the Association may claim payment. Send particulars to the Hon. Secretary promptly.

Nurses undertaking Health Visiting and School Nursing will be required to fill in their forms as specified by the Medical Officer of that particular area. They should be regularly and carefully filled in so that he may be able to have the fullest possible information as to what is happening in each district.

Make all reports intelligently so that they may convey information as to what work is being done.

ANNUAL MIDWIFERY AND MATERNITY NURSING FORMS

Fill in your full name and address. Study each question (each of which is quite simple) and fill in the figures. Give any details of interest on the back of the form. Return promptly.

Analysis of Special Diseases. Fill in figures under each heading and see that the total number of patients nursed corresponds with the total number taken off plus those still on, thus :

	Total Nursed	Convalescent	Sent to Hospital	Died	Other Causes	Still on Books
Pneumonia	15	10	2	1	1	1 = 15
NOT						
	15	10	3	1	2	1 = 17

It should be specially noted that the last item of "children under five" is for children attended and not already entered under other headings such as general illness, dressings, minor ailments, etc., and must not include those attended by nurses as health visitors or school nurses.

All these Annual Statistics should be returned to the address from which you receive them as early as possible in the New Year.

In setting out the technique to be observed it is not designed to curb the individuality and resourcefulness of the nurse, but to direct these necessary qualifications into channels that will be most useful to her patients and likely to produce the best results. Methods and procedure are liable to many changes, but a uniform standard of work is essential to a good service. In observing the routine outlined in this pamphlet Queen's Nurses will have the satisfaction of knowing that they are playing their part in maintaining a high level in one of the country's essential nursing services.

SUGGESTIONS AS TO HEALTH VISITS

(Unless attending Infant Welfare Centre infant should be weighed at each visit and weight card left with mother.)

INFANT

- 14th day Importance of breast feeding. Condition of eyes, skin, navel, and any abnormality. Feeding at regular intervals and formation of clean habits. Separate cot. Clothing.
- 1st month

MOTHER

General health, any continuation of haemorrhage. Condition of breasts and supply of breast milk. Every visit should include advice on habits, sleep and necessity of keeping child from over excitement. Information to Centre.

INFANT

- 2nd month Feeding. Sunlight. Fresh air. Avoidance of infection, e.g., catarrh. Clothing. Vomiting. Bowels and their management.
- 3rd month Feeding. Vaccination. Any failure in health. Exercise. Sleep. Bathing.
- 4th month Mental development. Establishment of good habits. Clothing. Vision. Separate cot. Growth. Sunlight, fresh air.
- 5th month Observation for rickets. Advice on prophylaxis. Advise Centre for Exam. s.o.s.
- 6th month Preparation for weaning. Physical development. Teething. Clothing.
- 7th month Psychological management. Feeding. Care of skin and hair. Fresh air.
- 8th month Establishment of weaning. Regular meals and habits. Presence of ailments. Teething.
- 9th month Diet. Importance and care of milk. Avoidance of infection. Walking and Speech from now on. Clothing. Exercise. Exam. s.o.s.
- 10th month Management of diet. Meal hours. Avoidance of promiscuous feeds. Physical defects. Observation for rickets.
- 11th month Teething. Skin. Hair. Mental development. Management of bowels. Control of bladder.
- 12th month Diet. Importance of milk. Antidiphtheritic Clinic. Psychological management.
- 15th month Physical development. Defects. Medical exam. s.o.s. Diet. Habits.
- 18th month Speech. Walking. Teething. Vision. Sleep. Diet. Avoidance of infection.
- 21st month Speech. Mental development. Squint. Habits. Clothing. Bathing.
- 2 years Teeth. Habits. Pediculosis. Thread-worms.
- 2½ years General physical development. Diet. Sleep. Relationship with other children.
- 3 years Teeth. Appetite. Physical habits. Growth. Any ailments.
- 4 years Psychological development. Clothing. Diet. Teeth. Nutrition.
- 4½—5 years General health. Teeth. Physical and mental development. Sleep. Good habits. Early treatment for minor ailments. Early medical advice for infectious disease.

Every Queen's Nurse should observe the following "Do's" and "Don't's".

Do—

Be neat and trim in uniform, wear it correctly and have suitable leather shoes.

Knock at the front door of every patient's home before entry, even though you know you are expected to walk in.

Respect the privacy of each home and the personal affairs of every household.

Regard the most convenient time to visit and fit it in whenever possible but do not spoil the patient or allow him to become exacting.

Try to remember the patients' names and avoid addressing them in impersonal or endearing terms.

Manage your patient without it being evident and do not let your patient manage you.

Try to bring to your patients some new interest, especially to chronic cases.

Put your coat out of the way of any source of infection or vermin—on a piece of newspaper spread on a wooden chair is usually the best, and whenever possible outside the patient's room.

Wash your hands before taking articles from or replacing them in the bag.

Change bag lining, and small bags weekly, and immediately after contact with infection.

Keep outside of bag polished both for the sake of appearance and wear.

Always visit insulin patients at a fixed time before a meal and see that the meal is prepared or at least likely to be ready within half an hour.

Always record every hypodermic dose administered with the time it was given, including all visits for insulin treatment.

Write a report for the doctor at every case and keep in the brown envelope on the mantelpiece. Accustom the Doctors to look there for it and ask for written messages from them.

Keep records written up daily. Chronic cases can be reported upon weekly provided any change that may occur is noted at once.

Be responsible for the return and cleanliness of all articles lent to patients.

Remember that a nurse must be always prepared to meet any emergency on her rounds and should therefore always carry bag and equipment.

Don't —

Spoil patient's possessions by spilling water or lotion on mats, carpets or wall paper.

Stand hot utensils on insufficiently protected polished surfaces.

Stain garments with iodine or other lotions.

Wrap clean dressings in newspaper but place them with all other requisites for a dressing together in a box or drawer.

Forget first to wash a thermometer after use and then to disinfect it by completely immersing it in a jar of antiseptic with wool swab in it while you are at work. Dry it before replacing in case with a swab of wool or carry small linen squares for the purpose. If preferred the nurse can carry a special bottle of antiseptic lotion in her bag. It must be deep enough to cover the thermometer and the lotion must be frequently changed.

Let patients or their friends do those duties for which a nurse should be responsible.

Discuss your own or other people's affairs with your patients.

Specimen form for Monthly Returns:

Form N.2a.

QUEEN'S INSTITUTE OF DISTRICT NURSING

Report from Nurses of Branch Societies

For the month of.....

To be sent to the Inspector by the 3rd of each month.

Name of Association

Nurse Address

No. of cases carried forward on first day of month

No. of cases remaining on books on last day of month

No. of days during month on duty over 8 hours (excluding
Sundays)

No. of days during month on duty under 5 hours (excluding
Sundays)

*Average total hours on duty weekly

No. of half days Week-ends

No. of nights on duty during the month between the hours of
10 p.m. and 7 a.m.

No. of deaths (state if these include midwifery or miscarriage
cases)

Analysis of new cases—

Medical

Surgical

Tuberculosis

Maternity

Midwifery

Miscarriage

—

Total No. of new cases
nursed during month

—

Analysis of visits—

General Nursing.....

Medical

Surgical

Tuberculosis

Ante-natal

Maternity

Midwifery

Miscarriage

Infant Welfare (at home)
of which were
new births.

No. of patients attended at surgery (if any)	School Children (at home)
No. of treatments at surgery	To Ante-natal Clinic
	To Infant Welfare Clinic ...
	To Schools or School Clinic
	School Inspections
	Tuberculosis
	(a) At Treatment Centre
	(b) At Home (Super- visory)
	To any other Centre
	Boarded-out Children ...
	Mental Deficients
	Casual

	Total No. of visits paid during month

N.B.—The Inspector will be glad to hear all interesting details as to the work in the district or with regard to particular cases, etc., etc. Nurses are requested to report all such matters in the space provided overleaf. All reports must be signed.

* Average hours of duty to be obtained by adding together the hours on duty for the first 28 days of the month and dividing by four and adding two hours for time spent in record keeping and care of bags and equipment.

[P.T.O.]

- i. No. of confinements attended—Nurse acting as Midwife
- No. of deaths—mother (state cause)
- No. of deaths—child under a month old
- No. of still-births
- No. of times Doctor advised or sent for during ante-natal period
- No. of times Doctor sent for at labour
- No. of times Doctor sent for during puerperium
- No. of times Doctor sent for, for child
- No. of cases in which forceps were used (pelvic measurements and weight of baby)

- ii. No. of cases—Doctor engaged beforehand
- No. of cases Doctor present at birth
- No. of deaths—mother (state cause)
- No. of deaths—child (state if at birth or under a month old)
- No. of still-births
- No. of cases in which forceps were used

iii. Miscarriage

- | | |
|---------------------------------------|--------------------------------|
| No. of Cases | Was the case |
| No. of times medical aid sought | (1) Booked as Midwife's? |
| No. of deaths | (2) Booked as Maternity? |
| | (3) An emergency? |

Signed

Date

